

# DATA AND TRENDS ON TOBACCO USE IN NEBRASKA



for a great state of health

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



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Report prepared by

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for the  
Nebraska Health and Human Services System's  
Tobacco Free Nebraska Program

AA/EoE/ADA

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# Data and Trends on Tobacco Use in Nebraska

## Introduction

Tobacco use is the leading cause of preventable death in the United States, causing over 400,000 deaths annually. In Nebraska each year, over 2,400 adults die prematurely because of cigarette smoking<sup>1</sup> and it is estimated that 45,000 Nebraskans now under the age of 18 will eventually die prematurely from cigarette smoking. Cigarette smoking is responsible for \$419 million of Nebraska's annual health care costs (representing approximately 7 percent of the state's annual health care costs including 12 percent of Nebraska's annual Medicaid expenditures), and smoking-related mortality results in over \$400 million in foregone future earnings in the state per year.<sup>2</sup> While data is not available for the specific health and economic impacts of smokeless tobacco use in Nebraska, the use of smokeless tobacco is related to higher risks of oral cancers, ulcers and heart disease.<sup>3</sup>

This report summarizes data on the use and consequences of tobacco in Nebraska. When available, trend data over a five-year, or longer, period is provided to illustrate changes in tobacco-related data for the state. The report begins by presenting the tobacco-related health objectives that Nebraska hopes to reach by the year 2010. Prevalence rates for Nebraska adults and youth are provided regarding cigarette smoking and smokeless tobacco use. The report also provides information on the sale of tobacco products to minors, the health and financial costs associated with tobacco use in Nebraska, exposure to and attitudes regarding secondhand smoke, and a number of other issues related to tobacco in general. The final section of the report provides an overview of the various data sets that were used to create the report.

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<sup>1</sup> Centers for Disease Control and Prevention;  
[http://www.cdc.gov/tobacco/statehi/html\\_2002/nebraska.htm](http://www.cdc.gov/tobacco/statehi/html_2002/nebraska.htm).

<sup>2</sup> Centers for Disease Control and Prevention, Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) application; <http://apps.nccd.cdc.gov/sammec>.

<sup>3</sup> National Cancer Institute; [http://dccps.nci.nih.gov/TCRB/less\\_default.html](http://dccps.nci.nih.gov/TCRB/less_default.html).

## Nebraska's 2010 Tobacco-Related Health Objectives

The Nebraska Health and Human Services System identified 12 goals associated with tobacco use in its publication *Nebraska 2010 Health Goals and Objectives*.<sup>4</sup> Nebraska's 2010 health goals are based on the nationwide health promotion initiative *Healthy People 2010* which seeks to increase the quality and years of healthy life and to eliminate health disparities in the United States. Nebraska's 2010 health goals were established by tracking progress made toward the health goals outlined in the *Nebraska Year 2000 Health Goals and Objectives* and by including additional objectives not included in 2000. Baseline data for each objective from the *Nebraska 2010 Health Goals and Objectives* report is provided in parenthesis. When available, more recent data regarding each objective is also provided.

By the year 2010:

### **Tobacco Use Among Adults**

- Reduce the prevalence of cigarette smoking to no more than 12 percent (Baseline: 1999 BRFSS = 23 percent; Recent Data: 2002 BRFSS = 22.7 percent).
- Reduce the prevalence of smokeless tobacco use among men to no more than 4 percent (Baseline: 1999 BRFSS = 8.8 percent; Recent Data: 2000 BRFSS = 7.4 percent).
- Reduce the prevalence of cigar smoking to no more than 2 percent (Baseline: 1998 BRFSS = 8 percent).

### **Tobacco Use Among Adolescents**

- Reduce the percentage of adolescents in grades 9-12 who have used any tobacco product (cigarettes, chewing tobacco, or cigars) during the past month to no more than 21 percent (Baseline: 1999 Nebraska YRBS = 44 percent; Recent Data: 2001 Nebraska YRBS = 35.2).
- Reduce the percentage of adolescents in grades 9-12 who have smoked cigarettes during the past month to no more than 15 percent (Baseline: 1999 Nebraska YRBS = 37 percent; Recent Data: 2003 Nebraska YRBS = 24 percent).
- Reduce the percentage of adolescents in grades 9-12 who have used chewing tobacco during the past month to no more than 8 percent (Baseline: 1999 Nebraska YRBS = 12 percent; Recent Data: 2003 Nebraska YRBS = 10 percent).

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<sup>4</sup> Nebraska 2010 Health Goals and Objectives, Nebraska Health and Human Services System, Department of Services, May 2002.

- Reduce the percentage of adolescents in grades 9-12 who have smoked cigars during the past month to no more than 10 percent (Baseline: 1999 Nebraska YRBS = 20 percent; Recent Data: 2003 Nebraska YRBS = 18 percent).

#### **Exposure to Environmental Tobacco Smoke**

- Reduce the percentage of households with children under the age of 5 where someone had smoked during the past month to no more than 10 percent (Baseline: 1999 Nebraska BRFSS = 28 percent).

#### **Diseases Associated with Tobacco Use**

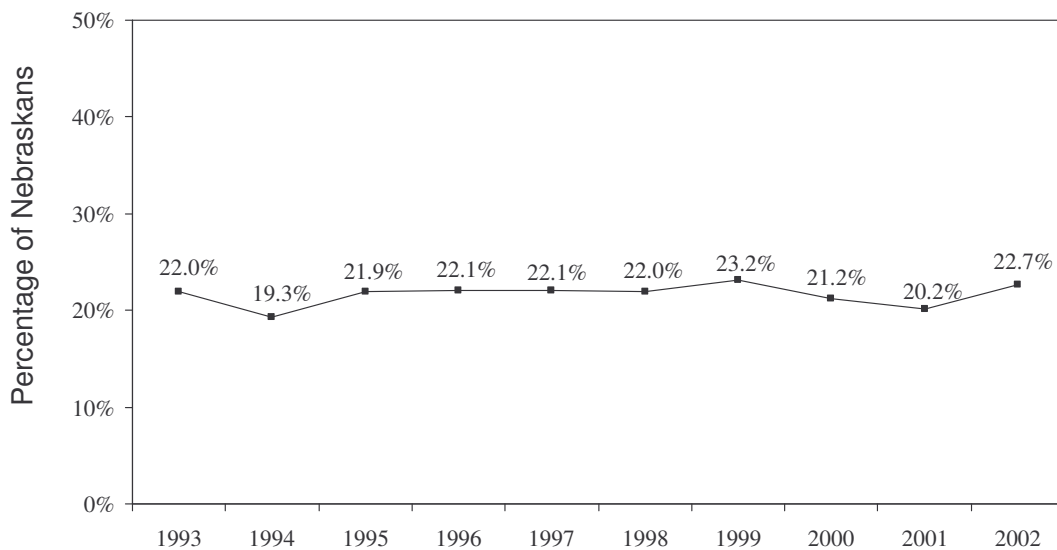
- Reduce the lung cancer death rate to no more than 39 deaths per 100,000 in Nebraska (Baseline: 1998 Nebraska Vital Statistics, HHSS = 50.1; Recent Data: 2002 Nebraska Vital Statistics, HHSS = 49.1).
- Reduce the Chronic Obstructive Pulmonary Disease (COPD) death rate among adults age 45 and older to no more than 60 deaths per 100,000 in Nebraska (Baseline: 1998 Nebraska Vital Statistics, HHSS = 121.8; Recent Data: 2002 Nebraska Vital Statistics, HHSS = 138.3)
- Reduce the oropharyngeal cancer death rate to no more than 1.4 deaths per 100,000 in Nebraska (Baseline: 1998 Nebraska Vital Statistics, HHSS = 1.6; Recent Data: 2002 Nebraska Vital Statistics, HHSS = 2.0).
- Reduce Coronary Heart Disease death rate to no more than 121.5 deaths per 100,000 in Nebraska (Baseline: 1998 Nebraska Vital Statistics, HHSS = 151.9; Recent Data: 2002 Nebraska Vital Statistics, HHSS = 130.7).

## Adult Tobacco Use in Nebraska

### Adult Smoking

The adult smoking rate increased from 20.2 percent in 2001 to 22.7 percent in 2002. Despite an occasional increase or decrease, the smoking rate over the past 10 years has been relatively stable at approximately 22 percent (Figure 1).

**Figure 1. Percentage of Current Smokers 18 Years and Older in Nebraska (1993-2002)**



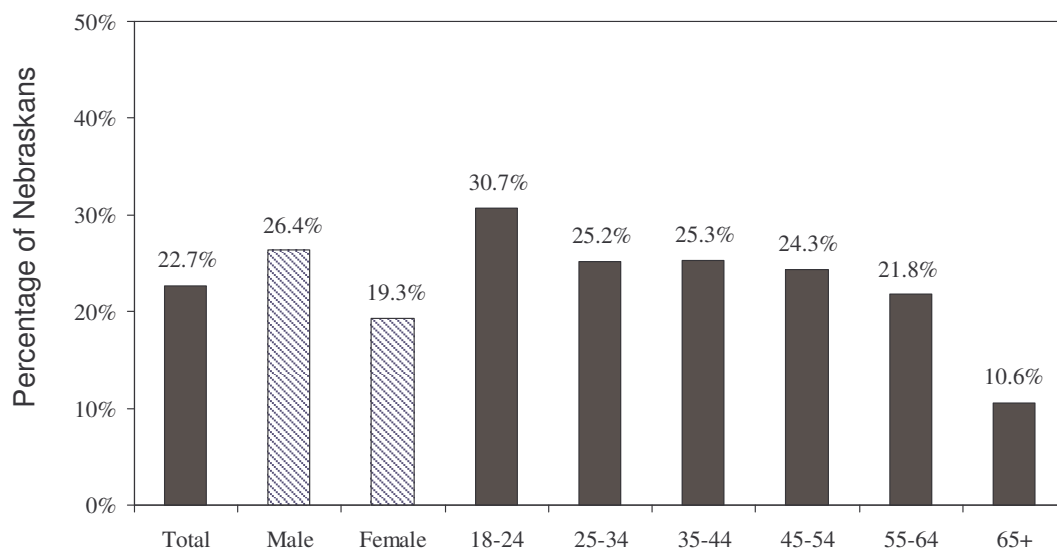
Source: Nebraska Behavioral Risk Factor Surveillance System data



## Gender/Age Differences

Data from the 2002 Nebraska Behavioral Risk Factor Surveillance System suggests that Nebraska males (26.4 percent) are more likely to smoke than females (19.3 percent). Younger adults (ages 18-24) exhibit the highest smoking rates (30.7 percent). The sharp reduction in smoking rates after age 65 is likely the result of increased mortality attributable to smoking-related diseases.

**Figure 2. Percentage of Current Smokers in Nebraska Age 18 and Older by Gender and Age (2002)**

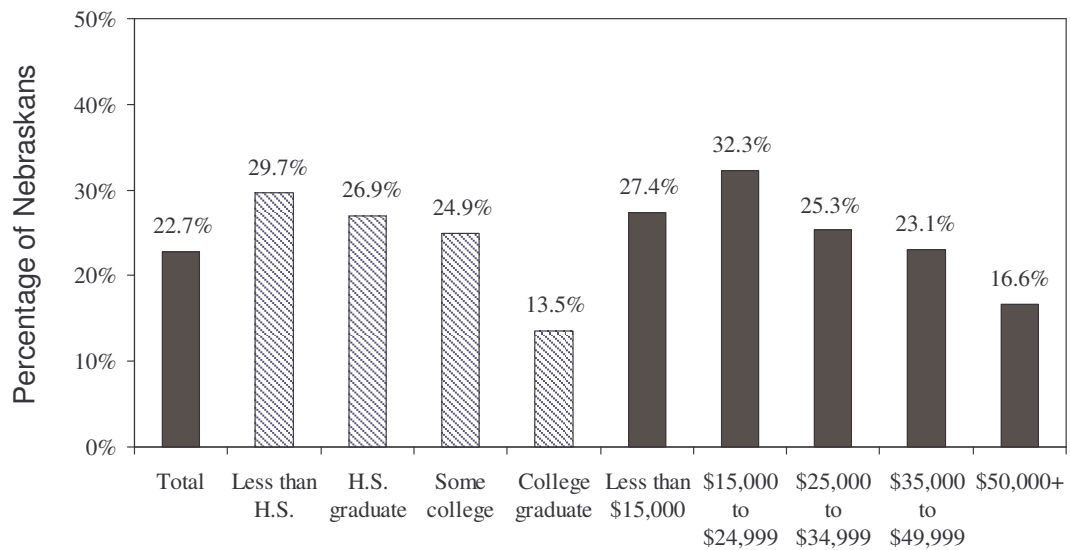


Source: Nebraska Behavioral Risk Factor Surveillance System data

## Education/Income Differences

Data from the 2002 Nebraska Behavioral Risk Factor Surveillance System suggest that, in general, higher levels of education and income are related to lower rates of smoking (Figure 3).

**Figure 3. Percentage of Current Smokers in Nebraska Age 18 and Older by Education and Income (2002)**

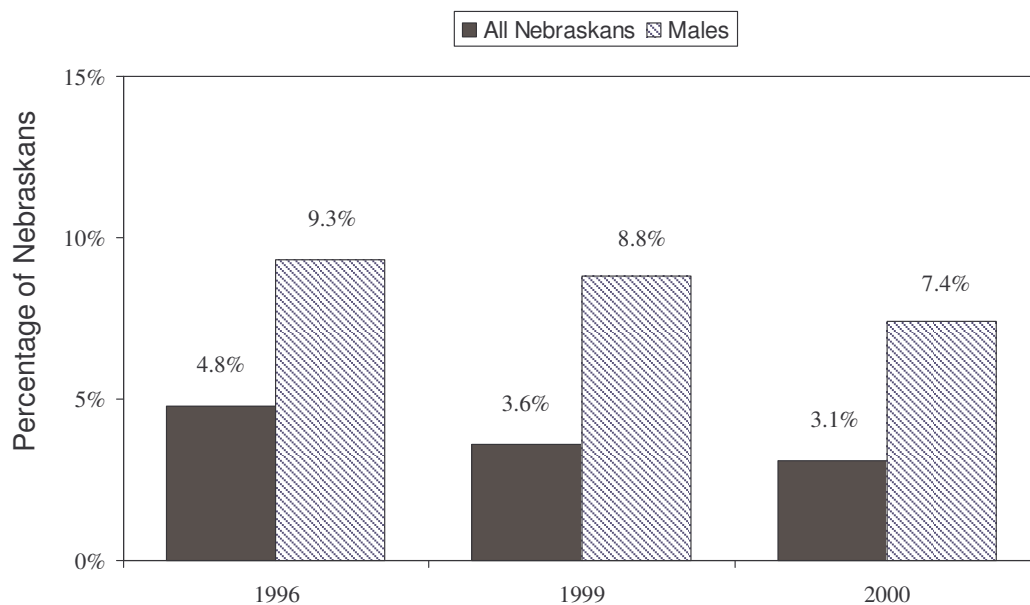


Source: Nebraska Behavioral Risk Factor Surveillance System data

## Adult Smokeless Tobacco Use

The most recent data available regarding adult smokeless tobacco use show a decline from data collected in 1996 (data were not collected on smokeless tobacco use in 1997 or 1998). Figure 4 presents the prevalence rates for all adults from 1996, 1999 and 2000. Because males are much more likely to use smokeless tobacco, the figure also illustrates the prevalence rates for males alone.

**Figure 4. Percentage of Current Smokeless Tobacco Users 18 Years and Older in Nebraska (1996, 1999, 2000)**



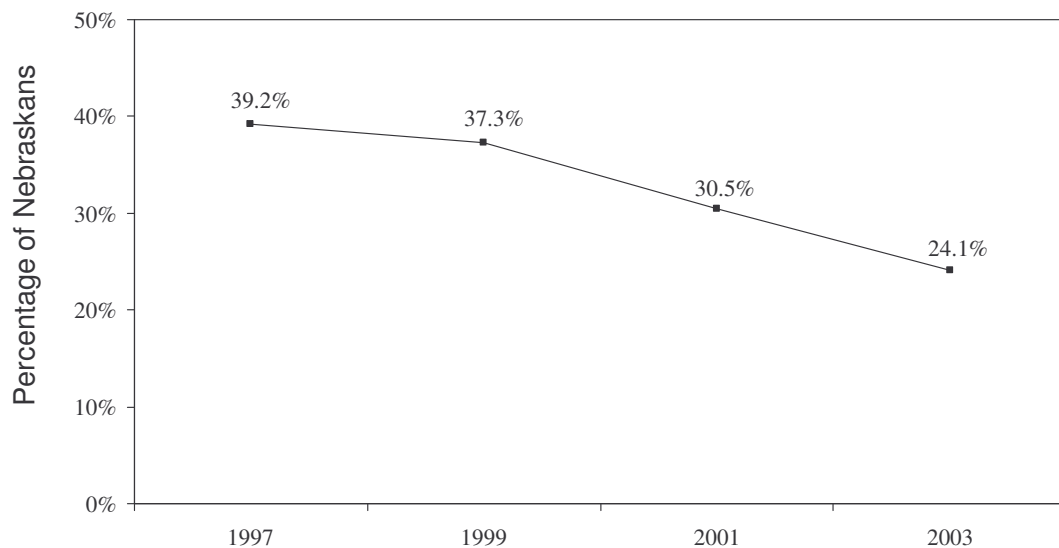
Source: Nebraska Behavioral Risk Factor Surveillance System data

## Youth Tobacco Use in Nebraska

### High School Student Smoking

Adolescent smoking rates experienced a sharp decline between 1997 (39.2 percent) and 2003 (24.1 percent). With approximately 100,000 students in grades 9-12 each year<sup>5</sup>, the decrease in high school smoking rates suggests that in 2003, there were over 15,000 fewer Nebraska high school age youth who smoked in the past 30 days when compared to 1997.

**Figure 5. Percentage of Nebraska 9-12 Graders Who Smoked on One or More of the Past 30 Days (1997-2003)**



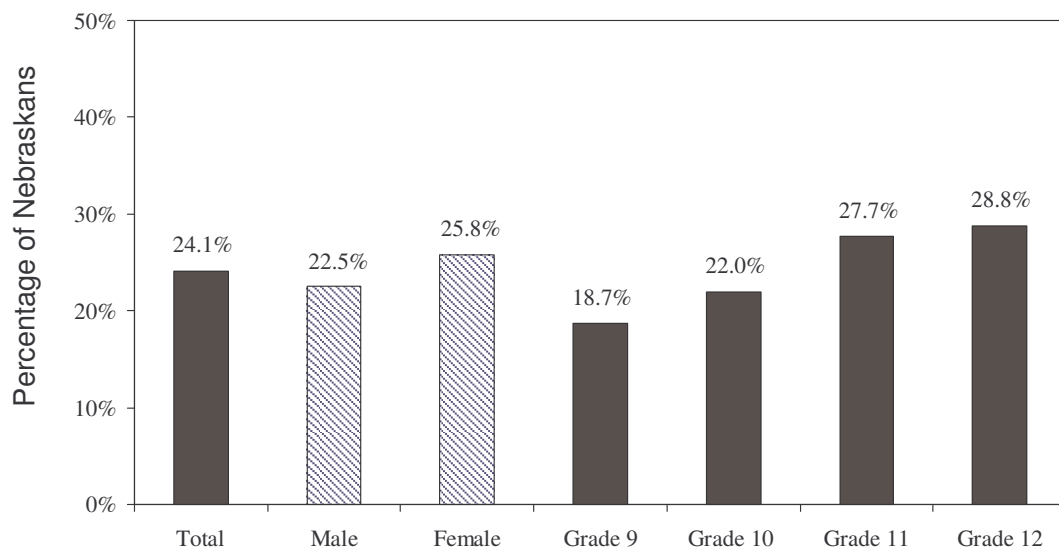
Source: Nebraska's National Youth Risk Behavior Surveillance System

<sup>5</sup> According to annual enrollment figures provided by the Nebraska Department of Education, <http://www.nde.state.ne.us>.

## High School Student Smoking by Gender and Grade

Unlike adult females, high school age females are more likely to report having smoked in the past thirty days than their male peers (25.8 percent for females, 22.5 percent for males). Throughout the 1990s, data from the Youth Risk Behavior Surveillance System suggest that smoking rates for high school males were higher than those for females. 2001 marked the first year that high school females exhibited higher rates of smoking than high school males. Youth smoking rates increase by grade with 18.7 percent of all 9th graders and 28.8 percent of all 12th graders reporting having smoked in the past 30 days.

**Figure 6. Percentage of Nebraska 9-12 Graders Who Smoked on One or More of the Past 30 Days by Gender and Grade (2003)**

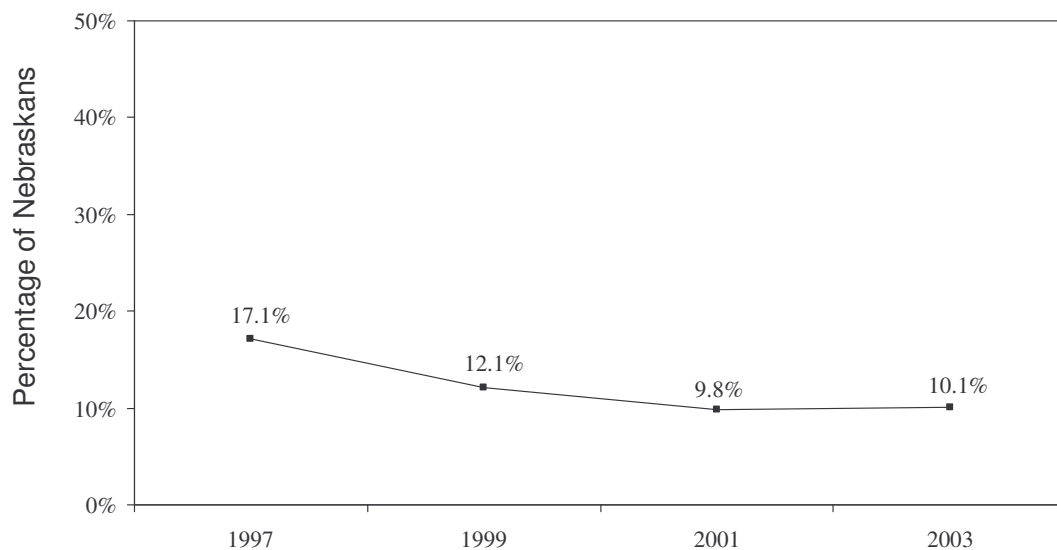


Source: Nebraska's National Youth Risk Behavior Surveillance System

## High School Student Smokeless Tobacco Use

Similar to adolescent smoking rates, rates of adolescent use of smokeless tobacco (chewing tobacco, snuff or dip) also experienced a sharp decline between 1997 (17.1 percent) and 2003 (10.1 percent). With approximately 100,000 students in grades 9-12 each year<sup>6</sup>, the decrease in adolescent smokeless tobacco use rates suggests that in 2003, there were approximately 7,000 fewer Nebraska youth who used smokeless tobacco in the past 30 days when compared to 1997.

**Figure 7. Percentage of Nebraska 9-12 Graders Who Used Smokeless Tobacco on One or More of the Past 30 Days (1997-2003)**



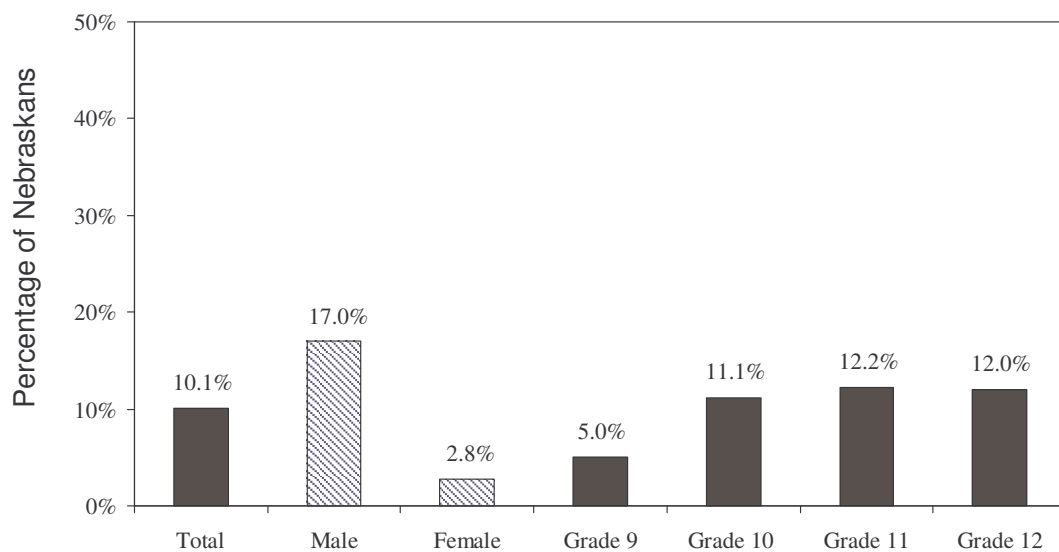
Source: Nebraska's National Youth Risk Behavior Surveillance System

<sup>6</sup> According to annual enrollment figures provided by the Nebraska Department of Education, <http://www.nde.state.ne.us>.

## High School Student Smokeless Tobacco Use by Gender and Age

Young males are much more likely to use smokeless tobacco (chewing tobacco, snuff or dip) than young females (17 percent compared to only 2.8 percent). According to data from the 2003 Nebraska Youth Risk Behavior Survey, 9th graders were much less likely to use smokeless tobacco in the past 30 days.

**Figure 8. Percentage of Nebraska 9-12 Graders Who Used Smokeless Tobacco On One or More of the Past 30 Days by Gender and Grade (2003)**

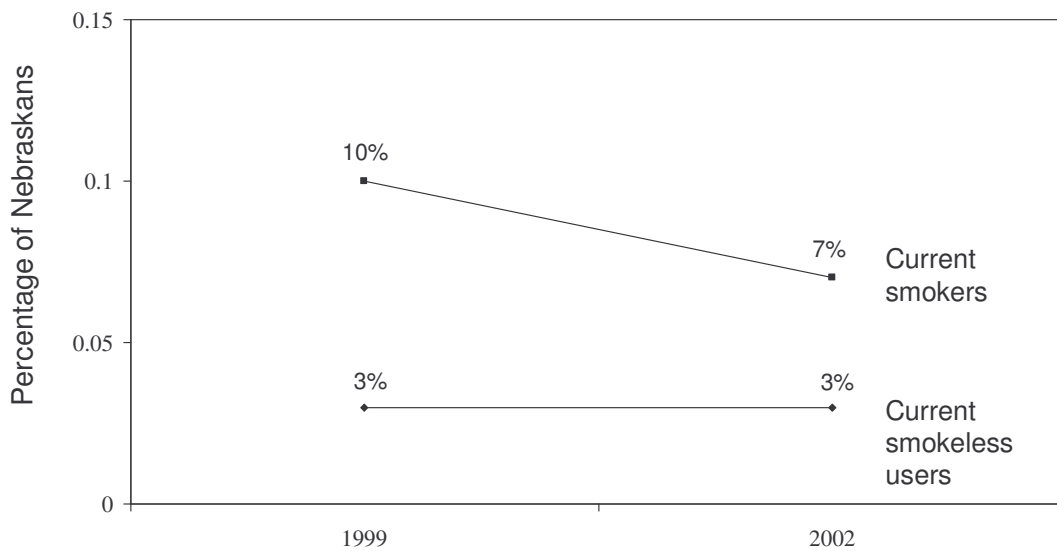


Source: Nebraska's National Youth Risk Behavior Surveillance System

## Middle School Student Tobacco Use

Data from Nebraska's Middle School Youth Tobacco Survey suggest that rates of tobacco use declined between 1999 and 2002 for students in 6th through 8th grades. Rates of current smoking dropped from 10 percent to 7 percent among Nebraska middle school youth. Rates of current smokeless tobacco were unchanged between 1999 and 2002.

**Figure 9. Percentage of Nebraska 6-8 Graders Who Smoked Cigarettes or Used Smokeless Tobacco on One or More of the Past 30 Days (1999-2002)**



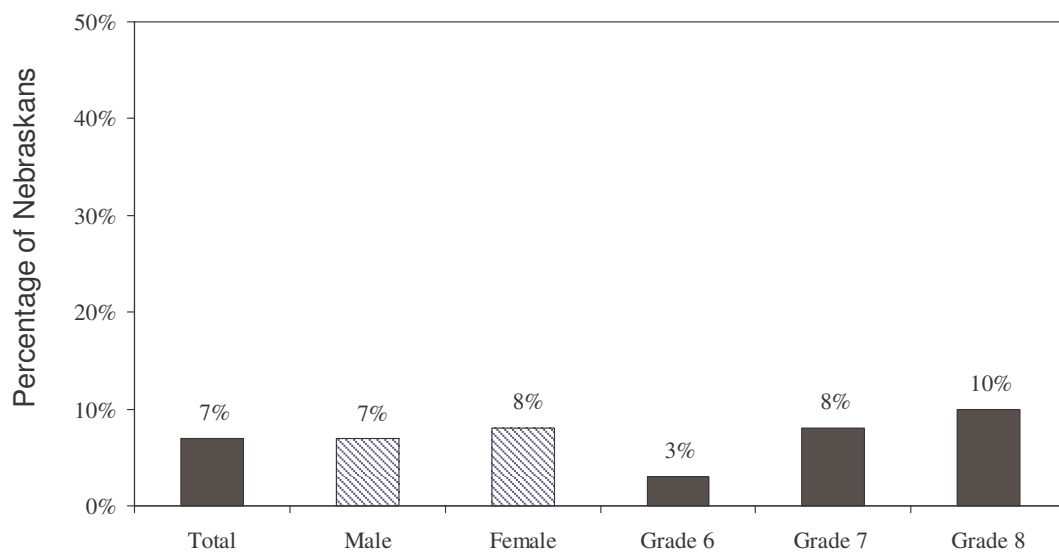
Source: Nebraska's Middle School Youth Tobacco Survey



## Middle School Student Smoking

Data from the 2002 Nebraska Middle School Youth Tobacco Survey reveal that 6th graders are much less likely to report smoking in the past 30 days compared to 7th and 8th graders (3 percent compared to 8 and 10 percent respectively). There are no significant gender differences in smoking rates among middle school students (7 percent for males and 8 percent for females).

**Figure 10. Percentage of Nebraska 6-8 Graders Who Smoked on One or More of the Past 30 Days by Gender and Grade (2002)**

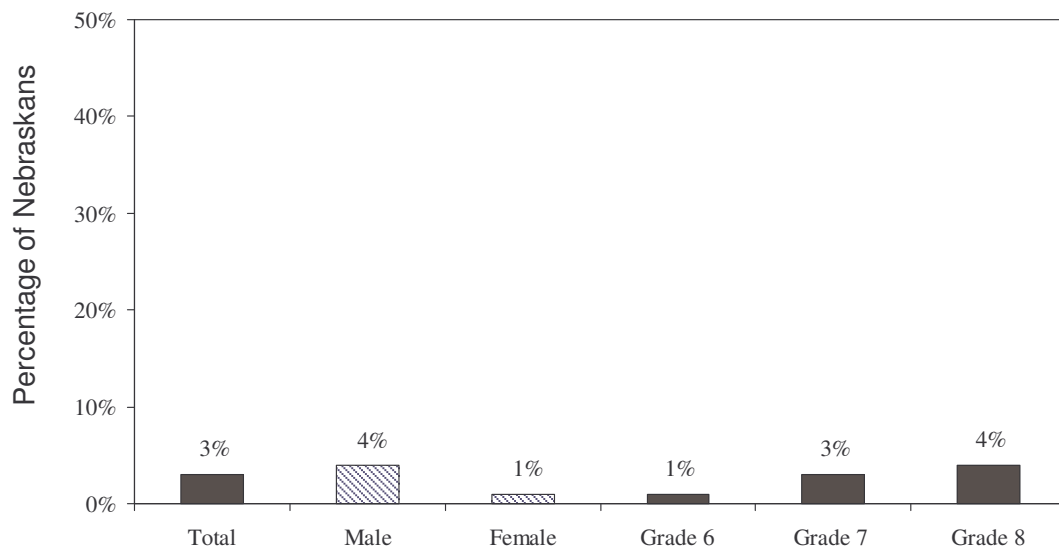


Source: Nebraska's Middle School Youth Tobacco Survey

## Middle School Student Smokeless Tobacco Use

Data from the Nebraska Middle School Youth Tobacco Survey suggest that 4 percent of all males in grades 6 through 8 have used smokeless tobacco in the past 30 days. Boys are approximately four times more likely than girls to currently be using smokeless tobacco products.

**Figure 11. Percentage of Nebraska 6-8 Graders Who Used Smokeless Tobacco on One or More of the Past 30 Days by Gender and Grade (2002)**

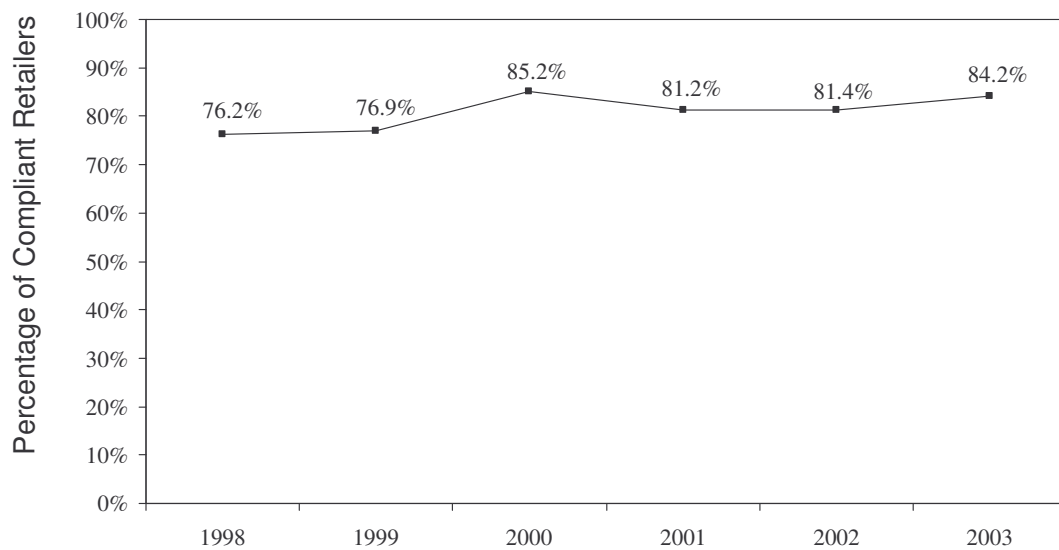


Source: Nebraska's Middle School Youth Tobacco Survey

## Sales of Tobacco Products to Minors

The Substance Abuse Prevention and Treatment Block Grant was amended in 1992 to require states to conduct yearly compliance checks of sales of tobacco to minors. The provision includes penalties to states not able to achieve at least an 80 percent statewide compliance. The amendment enacting the compliance rate requirement was offered by Mike Synar of Oklahoma and is referred to as the SYNAR Amendment. The Nebraska State Patrol conducts random unannounced compliance checks throughout the year to determine the State's compliance rate in regard to the SYNAR requirement. In 2003, the State Patrol conducted 854 random, unannounced checks and found 135 retailers noncompliant resulting in a 84.2 percent compliance rate.

**Figure 12. Nebraska's SYNAR Compliance Rates (1998-2003)**



Source: State of Nebraska Annual SYNAR Report

## Tobacco Policies in Nebraska Schools

The Nebraska School Administrative Survey (SAS) is the State's primary means of identifying school policies regarding tobacco use by students and staff. The 2000 SAS was completed by 392 administrators of Nebraska's 449 public middle and high schools.

Results of the study suggest:

- Only 33 percent of the middle and high schools currently meet the Centers of Disease Control and Prevention's (CDC) recommendation that all buildings on a school campus are smoke-free and that tobacco use is prohibited by students and faculty on school property, at all school-sponsored events, and in school vehicles.
- 96 percent of schools have policies prohibiting cigarette smoking by students, but only 67 percent have policies prohibiting smoking by faculty and staff.
- Fewer schools (89 percent) have policies prohibiting smokeless tobacco use by students, with only 61 percent prohibiting smokeless tobacco use by faculty and staff.

## Estimates of Smoking-Related Costs in Nebraska

The Centers for Disease Control and Prevention (CDC) uses the Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) application to estimate the financial and health impacts of smoking to states and the nation. The SAMMEC application uses current information on cigarette smoking prevalence and scientific data on the relative risk of death from diseases known to be related to smoking to calculate years of potential life lost (YPLL), direct medical expenditures, and lost productivity costs.

## Preventable Deaths and Disease Related to Smoking

According to SAMMEC estimates, 2,449 Nebraskans lose their lives because of cigarette smoking each year. This section details the specific health impacts that tobacco use has on Nebraska.

Tobacco-related deaths fall into three broadly defined categories: malignant neoplasms (cancers), cardiovascular disease, and respiratory disease (Table 1). Data from 1999 suggest that men experienced a higher proportion of tobacco-related cancer deaths than women, while women had higher proportions of respiratory disease-related deaths from tobacco. Similar proportions of men and women experienced mortality related to cardiovascular diseases.

**Table 1. 1999 Percentage of Tobacco-Related Deaths by Type of Disease and Gender**

<b>Causes of Death</b>	<b>Males</b>	<b>Females</b>	<b>Totals</b>
Malignant Neoplasms (Cancer)	39.0	31.5	36.3
Cardiovascular Disease	32.5	33.4	32.8
Respiratory Disease	28.5	35.0	30.9
Totals	100.0	100.0	100.0

A larger proportion of Nebraskans died from cancers than from any other tobacco-related disease (36.3%). They include cancers of the: lip, oral cavity, pharynx, esophagus, pancreas, trachea and lungs, kidneys and renal pelvis (Table 2). The majority of tobacco-related cancer deaths involved cancers of the trachea and lungs.

**Table 2. 1999 Percentage of Smoking-Attributable Cancer Deaths in Nebraska**

<b>Disease</b>	<b>Males</b>	<b>Female</b>	<b>Total</b>
Lip, Oral Cavity, Pharynx	2.6	2.5	2.6
Esophagus	6.8	1.8	5.2
Pancreas	2.6	7.4	4.2
Larynx	1.7	1.1	1.5
Trachea, Lung, Bronchus	79.5	85.5	81.4
Cervix Uteri	0.0	0.4	0.1
Urinary Bladder	4.0	1.4	3.1
Kidney and Renal Pelvis	2.8	0.0	1.9
Total	100.0	100.0	100.0

The second most common cause of tobacco-related deaths in 1999 was cardiovascular disease which accounted for 32.8 percent of tobacco deaths in Nebraska. Males exhibited higher rates of mortality attributed to ischemic heart disease than women, while women exhibited higher rates of mortality attributed to cerebrovascular disease.

**Table 3. 1999 Percentage of Smoking-Attributable Cardiovascular Deaths in Nebraska**

<b>Disease</b>	<b>Males</b>	<b>Female</b>	<b>Total</b>
Hypertension	2.4	4.0	3.0
Ischemic Heart Disease	52.8	45.3	50.0
Other Heart Disease	25.0	23.3	24.4
Cerebrovascular Disease	9.5	16.3	12.1
Atherosclerosis	2.2	2.3	2.2
Aortic Aneurysm	7.7	7.7	7.7
Other Arterial Disease	0.4	1.0	0.6
Totals	100.0	100.0	100.0

Approximately 31 percent of tobacco-related deaths were caused by respiratory diseases. During 1999 the rates of mortality attributed to specific respiratory diseases were similar for men and women.

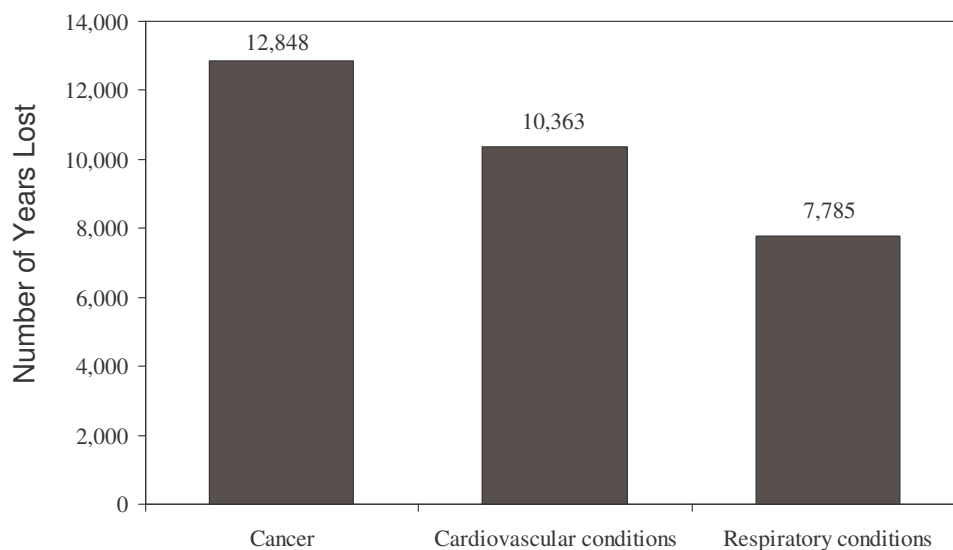
**Table 4. 1999 Percentage of Smoking-Attributable Respiratory Deaths in Nebraska**

<b>Disease</b>	<b>Males</b>	<b>Female</b>	<b>Total</b>
Pneumonia, Influenza	8.1	10.2	9.0
Bronchitis, Emphysema	10.4	10.8	10.6
Chronic Airways Obstruction	81.4	79.0	80.4
Total Respiratory	100.0	100.0	100.0

## Years of Potential Life Lost

The smoking-attributable Years of Potential Life Lost (YPLL) provides an estimate of the total years of life lost for the deaths attributable to cigarette smoking in a given year. The YPLL estimated 30,996 years of life were lost in 1999 – the most current year for which YPLL data is available. Smoking-related cancers caused the largest number of potential life years lost (12,848), followed by cardiovascular conditions (10,363) and respiratory conditions (7,785). The number of lost years represents 387 eighty-year lifetimes. Sixty-two percent of the lives lost were males and 38 percent were females.

**Figure 13. Years of Potential Life Lost From Smoking-Related Deaths in Nebraska**

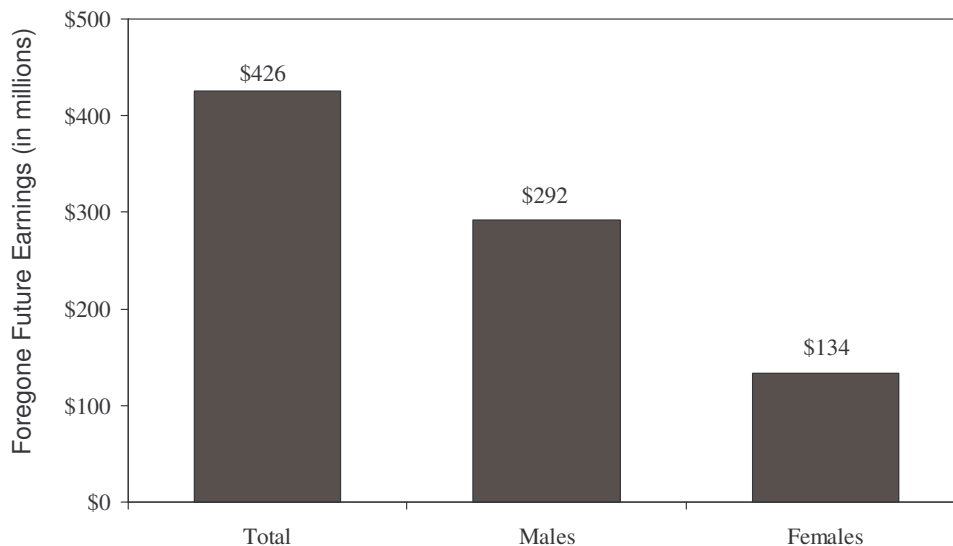


Source: CDC SAMMEC 1999

## Smoking-Attributable Lost Productivity Costs

The smoking-attributable lost productivity costs provide an estimation of the value of lost work time resulting from premature deaths. Lost productivity due to smoking-related mortality is defined as the present value of foregone future earnings from paid labor and the estimated earnings value from foregone unpaid household labor. Smoking-related mortality resulted in \$426 million in foregone future earnings in 1999.

**Figure 14. Foregone Future Earnings from Smoking-Related Deaths in Nebraska (in millions)**



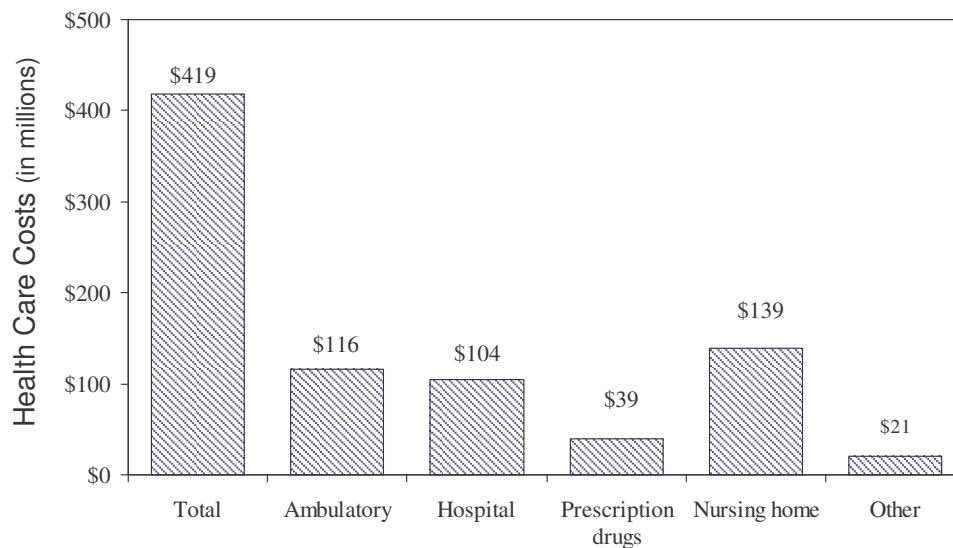
Source: CDC SAMMEC 1999



## Smoking-Related Health Care Expenditures

The CDC's SAMMEC data estimates the smoking-related health care expenditures within five general categories of health care: ambulatory care, hospital care, prescription drugs, nursing home care, and other care (home health, nonprescription drugs, etc). Data from 1998 – the most recent year that these expenditures are estimated – suggest that Nebraska had over \$419 million of smoking-related health care expenditures. The greatest amount of smoking-related expenditures represents nursing home care and it is estimated that smoking-related illness represents 20 percent of the total nursing home care expenditures in the state.

**Figure 15. Smoking-Related Health Care Costs in Nebraska  
(in millions)**



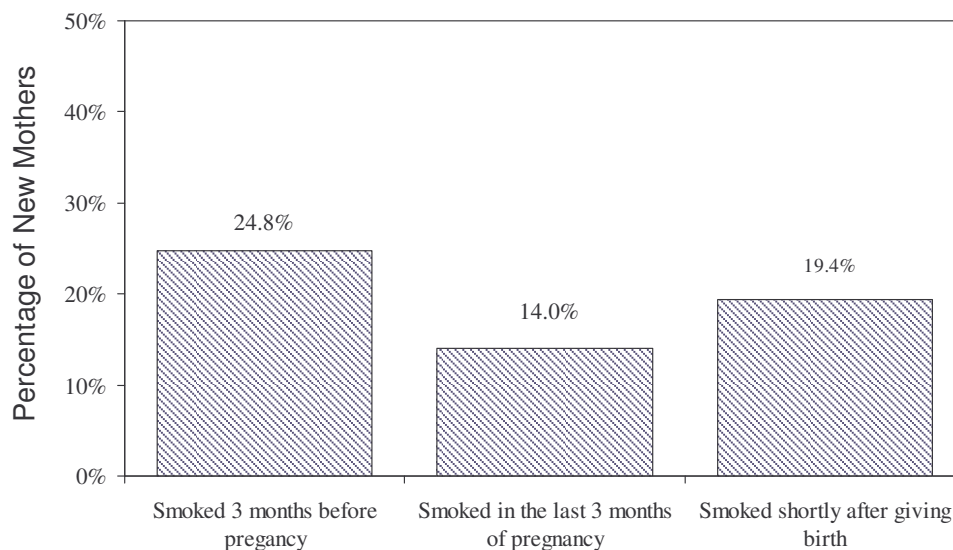
Source: CDC SAMMEC 1998

## Smoking and Newborn / Infant Health

### Smoking During Pregnancy

Many studies suggest that babies born to smoking mothers are generally smaller in size and weigh less than babies born to mothers that do not smoke. The Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing study that provides information from before, during and shortly after pregnancy for a representative sample of Nebraska women. PRAMS data collected through December 2003 suggests that 14 percent of Nebraska mothers smoke during the last three months of their pregnancy and 19.4 percent smoke shortly after their children are born.

**Figure 16. Number of Hours Nebraska Infants are Exposed to Secondhand Smoke (2003)**

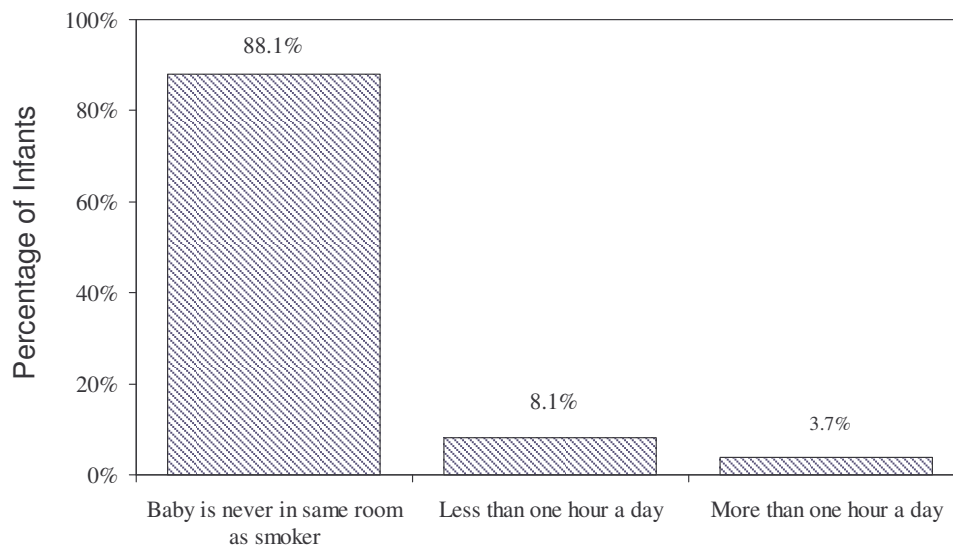


Source: Nebraska PRAMS 2000. Unpublished Data December 2003. Office of Family Health, Nebraska Health and Human Services

## Infant Exposure to Secondhand Smoke

Exposure to secondhand smoke has been attributed to higher rates of illness among young children. The Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS) asks new mothers, "About how many hours a day, on average, is your new baby in the same room with someone who is smoking?" Data collected through December 2003 suggests that approximately 12 percent of Nebraska infants spend some time in the same room with a smoker, and nearly 4 percent spend over an hour a day in the same room with a smoker. PRAMS data also suggests that children of younger mothers are more likely to be exposed to secondhand smoke.

**Figure 17. Number of Hours Nebraska Infants are Exposed to Secondhand Smoke (2003)**



Source: Nebraska PRAMS 2000. Unpublished Data December 2003. Office of Family Health, Nebraska Health and Human Services

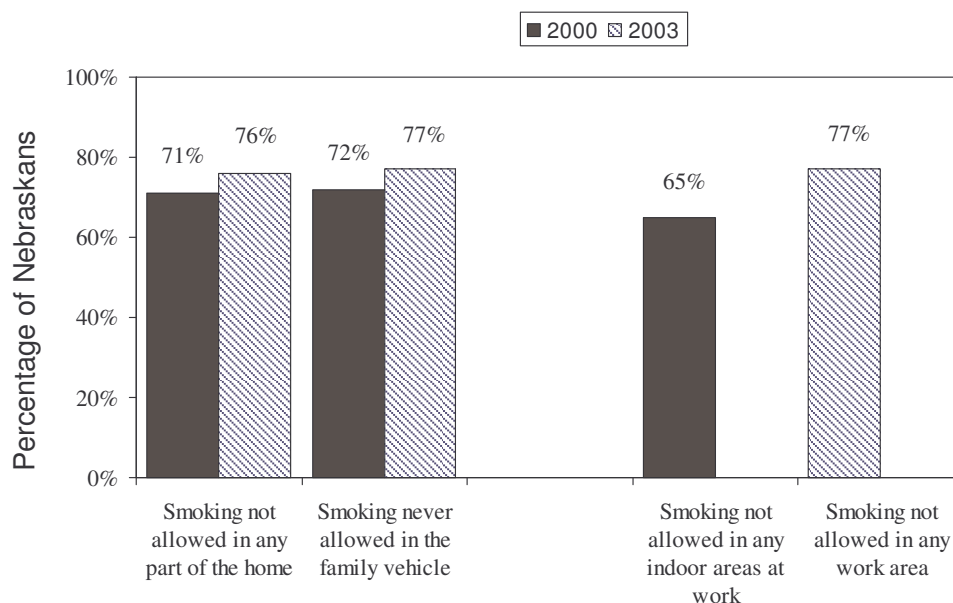
## Secondhand Smoke

### Exposure to Secondhand Smoke in Homes, Vehicles, and at Work

The 2000 Social Climate Survey and 2003 Adult Tobacco/Social Climate Survey asked Nebraskans about smoking in their homes, family vehicles, and at their place of work. In 2003, 76 percent of Nebraskans reported that smoking was not allowed in any part of the home compared to 71 percent in 2000. Seventy-seven percent of Nebraskans reported that smoking was never allowed in family vehicles in 2003, compared to 72 percent in 2000.

In 2000, employed Nebraskans were asked about their place of work's policy regarding smoking in *indoor areas*. Sixty-five percent of employed Nebraskans reported that smoking was not allowed in any indoor areas at their place of work. In 2003, the workplace smoking question was changed so that employed Nebraskans were asked about their place of work's policy regarding smoking in *work areas*. Seventy-seven percent of Nebraskans reported that smoking was not allowed in any work areas.

**Figure 18. Percentage of Nebraskans Protected by Non-Smoking Rules/Policies in Homes and Family Vehicles, and at Work**

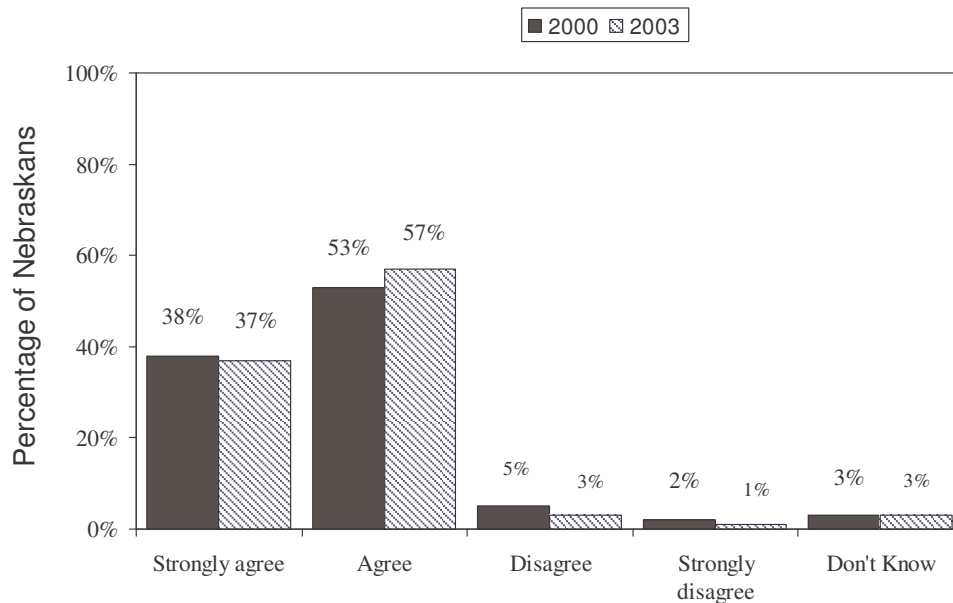


Source: 2000 Nebraska Social Climate Survey and 2003 Nebraska Adult Tobacco/Social Climate Survey

## Belief that Inhaling Smoke from a Parent's Cigarette is Harmful to Infants and Children

The 2000 Social Climate Survey and 2003 Adult Tobacco/Social Climate Survey asked Nebraskans the extent to which they agreed that inhaling smoke from a parent's cigarette harms the health of infants and children. In 2003, thirty-seven percent of Nebraskans strongly agreed and 57 percent agreed with the statement compared to 38 percent and 53 percent respectively in 2000.

**Figure 19. Percentage of Nebraskans Reporting that Inhaling Smoke from a Parent's Cigarette is Harmful to Infants and Children**

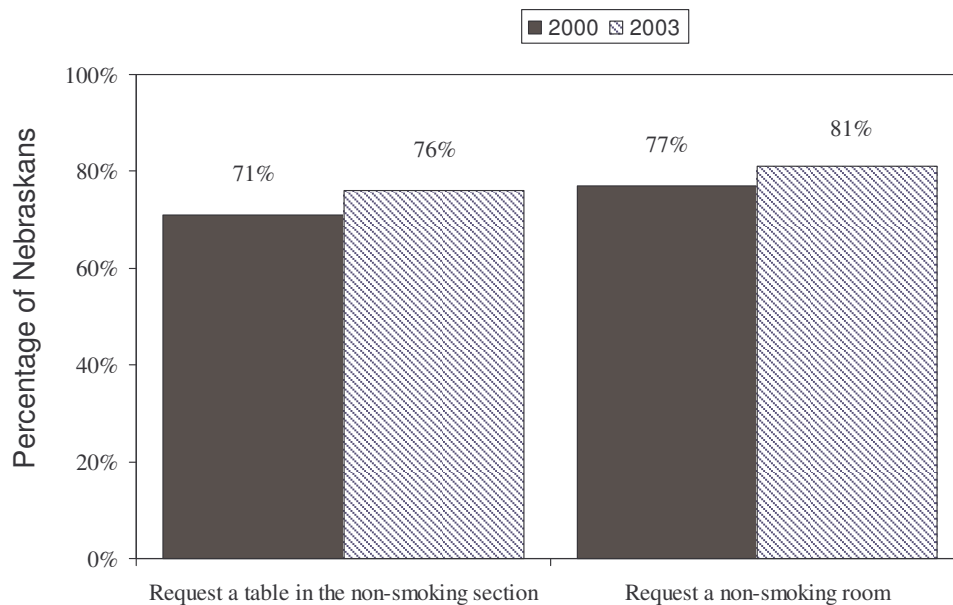


Source: 2000 Nebraska Social Climate Survey and 2003 Nebraska Adult Tobacco/Social Climate Survey

## Preference for Smoke-Free Environments When Dining Out and Staying in Hotels and Motels

The 2000 Social Climate Survey and 2003 Adult Tobacco/Social Climate Survey asked Nebraskans about their preferences for dining in the smoking or non-smoking sections of restaurants and whether they requested smoking or non-smoking rooms at hotels and motels. Seventy-six percent of Nebraskans requested a non-smoking table in 2003 compared to 71 percent in 2000. Eighty-one percent requested non-smoking hotel or motel rooms in 2003 compared to 77 percent in 2000.

**Figure 20. Percentage of Nebraskans Who Prefer Eating in Smoke-Free Environments and Staying in Smoke-Free Hotel/Motel Rooms**

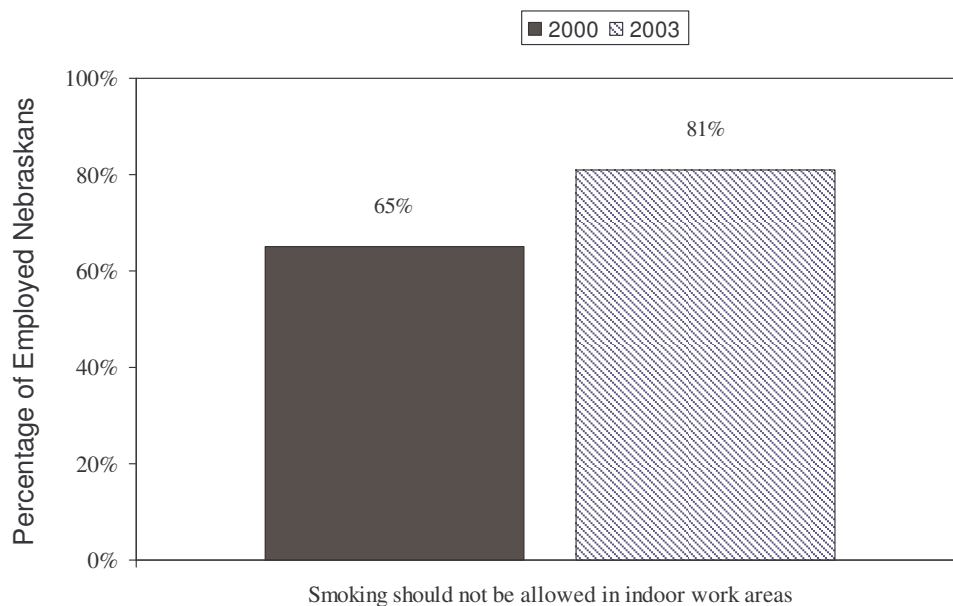


Source: 2000 Nebraska Social Climate Survey and 2003 Nebraska Adult Tobacco/Social Climate Survey

## Support for Smoking Restrictions in Work Areas

The 2000 Social Climate Survey and 2003 Adult Tobacco/Social Climate Survey included questions regarding support for restrictions on smoking in public places. Employed respondents were asked if smoking should be allowed in all areas, some areas, or not at all in indoor work areas. Between 2000 and 2003, there was increased support from employed Nebraskans for banning smoking entirely in indoor work areas.

**Figure 21. Percentage of Employed Nebraskans Who Think Smoking Should Not be Allowed At All in Indoor Work Areas**

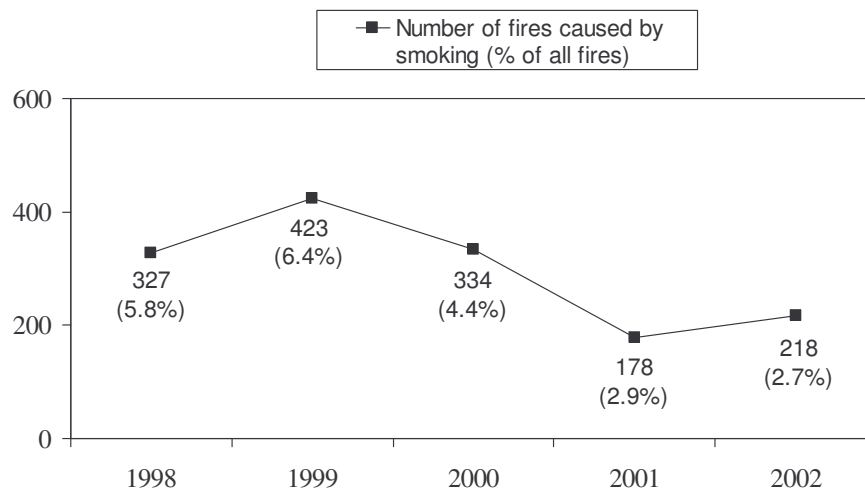


Source: 2000 Nebraska Social Climate Survey and 2003 Nebraska Adult Tobacco/Social Climate Survey

## Cigarette Smoking and Fires in Nebraska

Figure 22 presents the total number of fires in Nebraska that were caused by cigarette smoking. The percentage of total fires that were caused by cigarette smoking has declined from approximately 6 percent in the late 1990s to approximately 3 percent in recent years.

**Figure 22. Total Fires in Nebraska Caused by Cigarette Smoking**  
(% of All Fires)



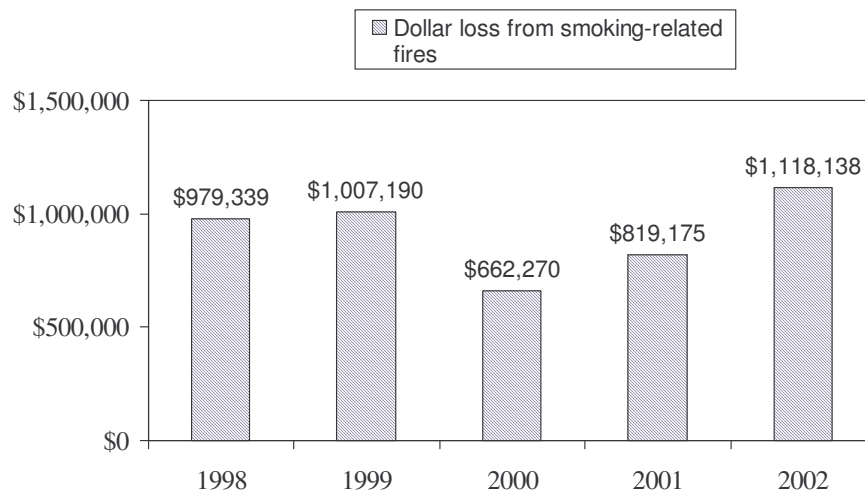
Source: Nebraska State Fire Marshal's Office Fire Reporting System



## Economic Costs of Smoking-Related Fires in Nebraska

Cigarette-related fires are responsible for substantial economic losses in Nebraska every year. According to data from the State Fire Marshal's Office, there was over \$1 million dollars in damages caused by smoking-related fires in 2002.

**Figure 23. Annual Dollar Loss from Smoking-Related Fires in Nebraska (1999-2002)**

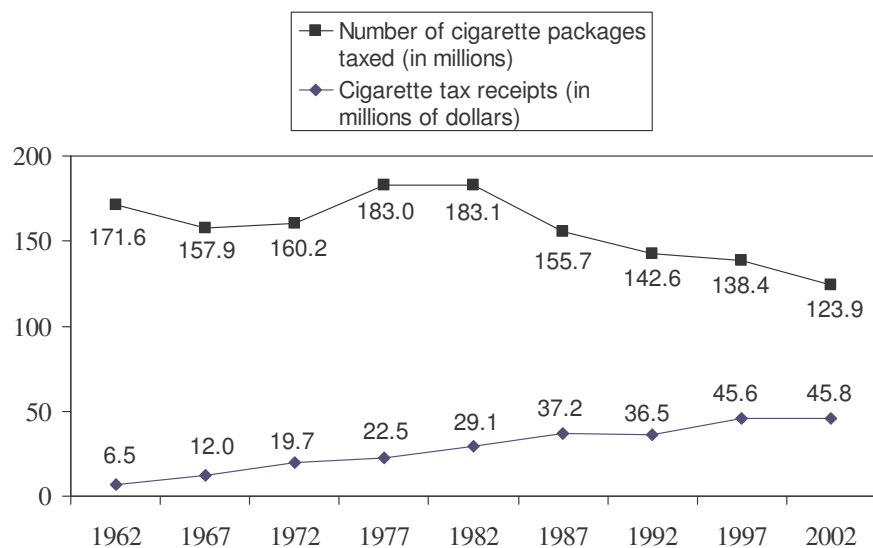


Source: Nebraska State Fire Marshal's Office Fire Reporting System

## Cigarettes and Nebraska Taxes

In 2002, the Nebraska State Legislature increased the cigarette tax from 34 to 64 cents on packages containing 20 or fewer cigarettes and from 42.5 to 80 cents on packages containing 25 cigarettes. Between 1997 and 2002, the number of cigarette packages that were taxed in Nebraska declined from 138.4 million packs to 123.9 million packs. Despite the reduction of nearly 15 million packs taxed between 1998 and 2002, cigarette tax receipts in 2002 were higher than those in 1997 because of the increase in the tobacco tax that became effective October 1, 2002 (\$45.8 million in 2002 and \$45.6 million in 1997). The cigarette tax receipts for 2003 will likely be substantially higher because the higher tax rate was in effect for the entire year.

**Figure 24. Nebraska Cigarette Tax Receipts and Number of Packages Taxed (1962-2002)**



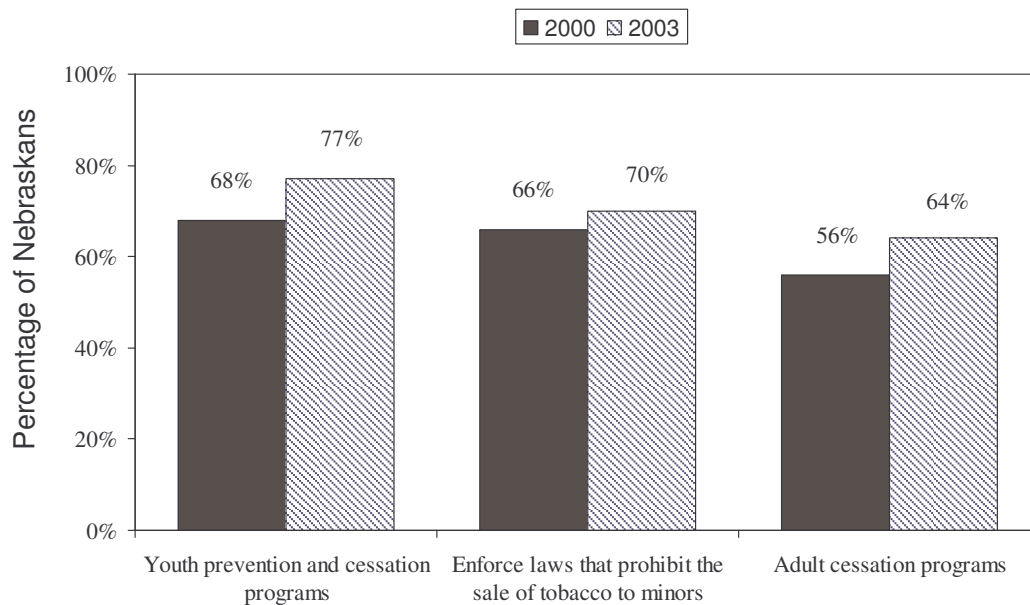
Source: Nebraska Department of Revenue Annual Report, 2002

## Support for Increasing Tobacco Taxes to Fund Tobacco Control Programs

The 2000 Social Climate Survey and 2003 Adult Tobacco/Social Climate Survey asked Nebraskans if state tobacco taxes should be increased to fund education programs that prevent young people from starting to use tobacco and help young tobacco users to quit, enforce laws that prevent sales of tobacco products to minors, and help adults quit smoking.

The majority of Nebraskans supported increasing tobacco taxes to fund youth prevention and cessation programs (77 percent in 2003 versus 68 percent in 2000), enforcement (70 percent in 2003 versus 66 percent in 2000), and adult cessation programs (64 percent in 2003 versus 56 percent in 2000).

**Figure 25. Percentage of Nebraskans Who Support Increasing State Tobacco Taxes to Fund Tobacco Control Programs**

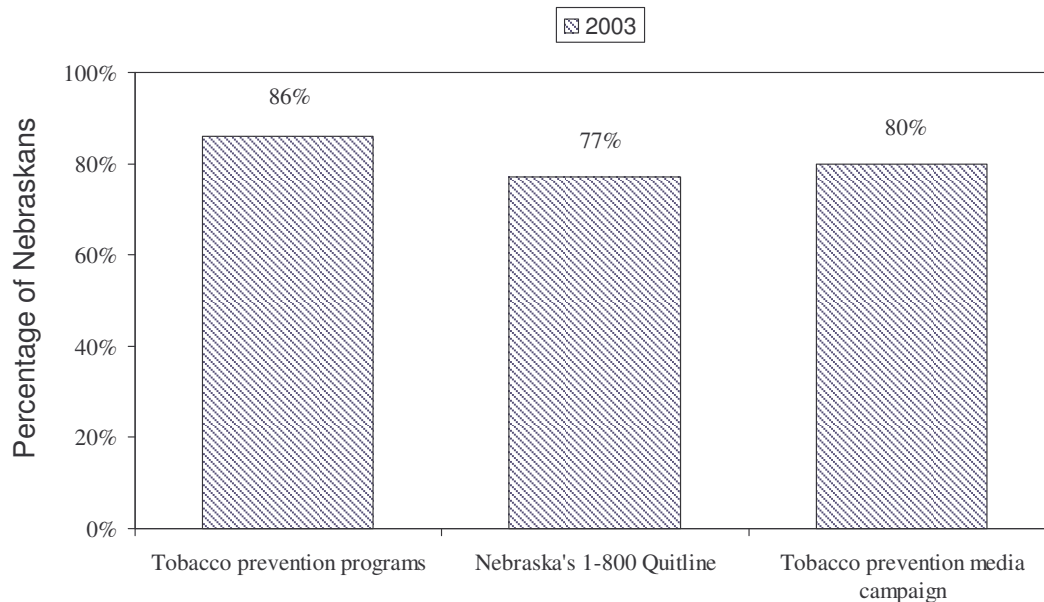


Source: 2000 Nebraska Social Climate Survey and 2003 Nebraska Adult Tobacco/Social Climate Survey

## Support for Using a Portion of Nebraska's Tobacco Settlement Funds for Tobacco Control

The 2003 Adult Tobacco/Social Climate Survey asked Nebraskans if a portion of Nebraska's share of the nationwide tobacco settlement should be used to fund tobacco prevention and cessation programs. A majority of Nebraskans favored using a portion of the settlement funds for tobacco prevention programs (86 percent), Nebraska's 1-800 Quitline (77 percent), and Nebraska's tobacco prevention media campaign (80 percent).

**Figure 26. Percentage of Nebraskans Who Support Using a Portion of Nebraska's Tobacco Settlements Funds for Tobacco Control Programs**



Source: 2003 Nebraska Adult Tobacco/Social Climate Survey

## Smoker and Non-Smokers' Attitudes Regarding Secondhand Smoke and Youth-Related Tobacco Issues

The 2003 Nebraska Adult Tobacco / Social Climate Survey includes a number of questions regarding general attitudes about secondhand smoke and issues related to youth and tobacco. The following table presents the attitudes of Nebraskans as a whole, smokers, and non-smokers on these issues.

	Total % (n=7,011)	Smoker % (n=1,289)	Non- smoker % (n=5,722)
<b>Health consequences of exposure to secondhand smoke</b>			
Bothered <b>very much</b> when exposed to secondhand smoke.	46.3	10.2	54.4
Agree or strongly agree that:			
• Inhaling secondhand smoke is harmful to babies and children.	97.1	94.1	97.8
• Inhaling secondhand smoke is harmful to adults and children.	96.7	92.9	97.6
Breathing smoke from other people's cigarettes...			
• Is very harmful.	60.1	38.1	65.1
• Causes lung cancer in adults.	75.1	58.2	78.9
• Causes heart disease.	68.3	56.0	71.0
• Causes colon cancer.	30.4	24.6	31.7
• Causes respiratory problems in children.	88.8	82.0	90.3
• Causes sudden infant death syndrome.	40.2	33.4	41.8
<b>Youth-related issues</b>			
It is very important to keep stores from selling tobacco to minors.	75.8	68.2	77.6
Laws banning the sale of tobacco to minors are adequately enforced.	33.0	43.2	30.6
Tobacco use by teenagers is perceived as a serious problem in your community.	51.7	45.1	53.3
Parents should not allow children under 18 to smoke.	92.4	90.0	93.0
Children are more likely to smoke if their parents smoke.	78.0	67.1	80.5
It is important to keep cigarettes out of the reach of children.	97.2	95.1	97.8
Parents ever talked to child about tobacco rules.	72.8	73.3	72.8
In last 6 months, parent told child not to use tobacco.	65.4	69.4	64.4
Agree or strongly agree that:			
• Tobacco use by adults should not be allowed on school grounds.	80.3	72.8	82.0
• Schools should prohibit students from wearing clothing with tobacco logos..	69.7	60.3	71.9
• Students should be punished for violating school tobacco rules.	81.0	78.4	81.7

Source: 2003 Nebraska Adult Tobacco/Social Climate Survey

## Data Sources Used to Compile this Report

**Behavioral Risk Factor Surveillance System (BRFSS)** – The Behavioral Risk Factor Surveillance System is a telephone survey that uses CDC developed questionnaires to monitor health behaviors across the nation. The core BRFSS survey is conducted in every state and each state can choose to conduct additional, supplemental BRFSS questionnaires that measure specific health behaviors.

**Nebraska Adult Tobacco / Social Climate Surveys** – The 2000 Nebraska Social Climate Survey and 2003 Nebraska Adult Tobacco Survey are representative telephone interview surveys of Nebraskans' attitudes and behaviors regarding tobacco. The 2000 Social Climate Survey included a sample of 2,476 adult Nebraskans and the 2003 Adult Tobacco Survey included a sample of 7,019 adult Nebraskans.

**Nebraska's Annual SYNAR Report** – The Nebraska State Patrol conducts random, unannounced compliance checks of sales of tobacco products to minors. The State Patrol recruits underage persons to attempt to purchase tobacco products in stores throughout the state. Results of these purchase attempts are used to calculate Nebraska's compliance rate for the Substance Abuse Prevention and Treatment Block Grant.

**Nebraska's Middle School Youth Tobacco Survey** – The Nebraska Middle School Youth Tobacco Surveys are used to identify tobacco use of a representative sample of students in grades 6-8. The 1999 Middle School Youth Tobacco Survey is based on responses of 3,429 students and the 2002 survey is based on responses of 2,812 students.

**Nebraska School Administrative Survey (SAS)** – The Nebraska School Administrative Survey collects data regarding Nebraska school policies towards tobacco use. The 2000 SAS included responses from 392 of the 449 public middle and high schools in the state.

**Pregnancy Risk Assessment Monitoring System (PRAMS)** – The Pregnancy Risk Assessment Monitoring System is a joint project between the Nebraska Health and Human Services System's Office of Family Health and the Centers for Disease Control and Prevention. PRAMS is an ongoing study that provides data from a representative sample of Nebraska women for before, during and shortly after pregnancy. PRAMS provides information about prenatal care received and health behaviors before, during and after pregnancy.

**Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC)** – The SAMMEC application is used to estimate the health and financial impacts of cigarette smoking for the nation and states. SAMMEC uses existing smoking prevalence, health, and economic data to calculate smoking-attributable mortality, years of potential life lost, direct medical expenditures, and productivity costs associated with smoking.

**Youth Risk Behavior Surveillance System (YRBSS)** – The YRBSS is used to monitor health behaviors that contribute to the leading causes of death, disability and social problems among youth in the United States. The YRBSS includes national, state, and local school-based surveys of representative samples of 9th through 12th grade students. A degree of caution must be used when interpreting YRBSS data for Nebraska because Omaha Public Schools (OPS), the state's largest school district, elects not to participate in the study. An analysis comparing results from the YRBSS to other studies suggests that excluding OPS has a limited impact on the estimated statewide prevalence rates.



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